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FACSIMILE TRANSMITTAL

TO:

Name: Examiner M. Brown

Firm: U.S. Patent & Trademark Office

Fax No.: 703-872-9303

Subject: U.S. Patent Application
No. 08/480,908

Filed: June 7, 1995

THREADED FRUSTO-CONICAL
INTERBODY SPINAL FUSION IMPLANTS

Attorney Docket No. 101.0053-00000

Customer No. 22882

FROM:

Name: Thomas H. Martin, Esq.

Phone No.: 703-818-3261

No. of Pages (including this): 21

Date: January 15, 2002

Confirmation Copy to Follow: No

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JAN 16 2002

GROUP 3700

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Letter (in duplicate; \$920.00 three-month extension fee and \$576.00 additional claims fee charged to Deposit Account No. 50-1066), Reply to Office Action and Request for Withdrawal of Improper Finality with attached marked-up claims and Declaration Under 37 C.F.R. § 1.608(a) are being facsimile transmitted to the U.S. Patent and Trademark Office on January 15, 2002.


Sandra L. Blackmon

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FORM PTO-1083

PATENT
Attorney Docket No.: 101.0053-00000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson

Serial No: 08/480,908

Filed: June 7, 1995

For: THREADED FRUSTO-CONICAL
INTERBODY SPINAL FUSION IMPLANTS

Art Unit: 3764

Examiner: M. Brown

FAX RECEIVED

JAN 16 2002

GROUP 3700

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Transmitted herewith is a reply to the Office Action dated July 16, 2001 in the above-identified application.

☐ No additional fee is required.☒ Applicant hereby requests a three-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

The fee has been calculated as shown below:								
	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	178	-	146	**	32	LG=\$18 SM=\$9	\$18	\$ 578.00
INDEPENDENT CLAIMS FEE	6	-	6	***	0	LG=\$84 SM=\$42	\$84	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140		\$ 0
TOTAL								\$ 578.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☒ A fee in the amount of \$576.00 to cover the additional claims is to be charged to Deposit Account No. 50-1066.☒ A fee in the amount of \$920.00 to cover the three-month extension of time is to be charged to Deposit Account No. 50-1066.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: January 15, 2002

By: Thomas H. Martin

Thomas H. Martin

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